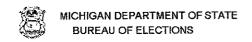
### CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

| COVER PAGE  |  |
|---|--|
| Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.  | 3. This Statement covers From: 9-/-/O to   |
| 1. Committee I.D. Number  | 4. Candidate Last Name First Name M.I.   |
| 1.50579   | DAVIS Joe F  |
| 100011  | 4a. Office Sought Including District # or Community Served (If applicable)   |
| 2. Committee Name   | 4TH DISTRICT COUNTY COMMISIONEN  |
| Joe F. DAVIS FOR  | 4b. County of Residence BA7  |
| 5. Committee's Mailing Address  | 6. Treasurer's Name & Residential Address  |
| 909 N. WENONA   | Jodi L. Brayman Se D Second  |
| BAT CITS, MI. 48706   | 938 Palomino Way Es 25   |
|   | Auburn, M1. 4861   |
| Area Code and Phone 989 922 - 2240  |  |
| If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official. | Area Code & Phone (089)980-2866  |
| 7. Treasurer's Business Address   | Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  |
| Jodi L. Brayman   | Joe Davis  |
| 938 Palomino Way  | 909 N. WENONA  |
| Auburn, UI 48611  | BAY CIT, MI. 48706   |
| Area Code and Phone (QRA) A80-2800  | Area Code and Phone 989 - 922-2240   |
|   | Area Code and Prione FO TO   |
| 9. TYPE OF STATEMENT  |  |
| 9a. Pre-Election OR 9b. Pos   | st-Election 9c. Annual Statement (Coverage Year)   |
| Pre-Election or Post-Election Statement relates to:   | 9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)  |
| Primary   | 9e. Dissolution of Candidate Committee   |
|   | Effective Date of Dissolution  |
| Convention  | SHOO!  |
| Special Cau   | By checking this item, I'We certify that the committee has no assets or  |
| Date of Election, Convention or Caucus  | outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for  |
| 11/2/10   | the Reporting Waiver.  Note: The disposition of residual funds must be reported on Schedule  |
| <i>E1   V-1   V</i>   | 1B and the Summary Page.   |
| A committee that does not have a Reporting Waiver must file all re  | required Campaign Statements. The Campaign Statements must include all applicable cenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.  |
| If any of the information listed in items 2, 4, 5, 6, 7, or 8 has change  | nged since the information was shown on the committee's Statement of Organization, an  |
| amendment to the Statement of Organization should accompany before the filing deadline of a required campaign statement, t  | nged since the information was shown on the committee's Statement of Organization, an this Campaign Statement. If a request for a Reporting Waiver is not received on or that campaign statement cannot be waived. |
|   | d in the preparation of this statement and attached schedules (if any) and to the best of  |
| Current Treasurer or  | Cod Shell man 10/11/2  |
| Designated Record keeper  | Date 10/3-1/10   |
| Type or Print Name  | Signature O  |
| To K A  | Date 10-21-10  |
| Candidate O e _ F () A U (\$  Type or Print Name  | Signature Date   |
| Authority granted under P.A. 388 of 1976  | Dignature  |
| Humonity granted under 1 3t. 300 of 1510  | -  |



a. Itemized (Schedule 1A - Column 6)

4. Other Receipts (Schedule 1A -1, Column 6)

c. Subtotal of "Contributions"

RECEIPTS

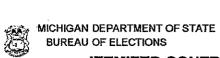
3. Contributions

|      | SUM   | MAF  | RY P | AGE  | =  |
|------|-------|------|------|------|----|
| CANE | DIDA. | TE C | OM   | /ITT | ΈE |

b. Unitemized (less than \$20.01 each - no Schedule)

2. Committee Name JOE & DAVIS FOR COUNTY COMMISSIONEN Column I This Period Cumulative this election cycle NOT APPLICABLE

| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)                                  | (5.) \$ <u>1,725</u>        | (20.) \$ |
|---|-----------------------------|----------|
| IN-KIND CONTRIBUTIONS & EXPENDITURES  |                             |          |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)  | (6.) \$                     | (21.)\$  |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)  | (7.) \$                     | (22.)\$  |
| EXPENDITURES  |                             |          |
| 8. Expenditures   |                             |          |
| a. Itemized (Schedule 1B, Column 6)   | (8a.) \$                    |          |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G)  | (8b.) \$                    |          |
| c. Unitemized (less than \$50.01 each - no Schedule)  | (8c.) \$                    |          |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)   | (9.) \$                     | (23.) \$ |
| INCIDENTAL EXPENSE DISBURSEMENTS<br>(Officeholders Only)  |                             |          |
| 10. Disbursements a. Itemized (Schedule 1C, Column 6)   | (10a.)\$                    |          |
| b. Unitemized (less than \$50.01 each - no Schedule)  | (10b.)\$                    |          |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)                              | (11.) \$                    | (24.) \$ |
| DEBTS AND OBLIGATIONS 12. Debts and Obligations   | () 4                        |          |
| a. Owed by the Committee (Schedule 1E)  | (12a.) \$                   |          |
| b. Owed to the Committee (Schedule 1E)  | (12b.) \$                   |          |
| 13. Ending Balance of last report filed   | BALANCE STATEMENT (13.) \$  |          |
| (Enter zero if no previous reports have been filed.)  14. Amount received during reporting period | (14.)+\$ 1.425              |          |
| (Line 5, Total Contributions & Other Receipts)  | (15.) = \$ 1 425            |          |
| 15. SUBTOTAL Add lines 13 and 14  | 7                           |          |
| 16. Amount expended during reporting period (Add lines 9 and 11)                                  | (16.) - \$                  |          |
| 17. ENDING BALANCE (Subtract line 16 from line 15)  | $(17.)$ \$ $\frac{1,425}{}$ | •        |
| (Subtract line 16 from line 15)   |                             |          |

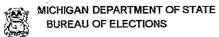


### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### **CANDIDATE COMMITTEE**

| 1. Committee I.D. Number _ | 150579       |                    |
|----------------------------|--------------|--------------------|
| 2. Committee Name          | F. Davis for | County Commisioner |

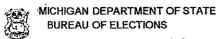
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount. | 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|---|
| 3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10/12/10  Name & Address:  522 Nr MADIS ON  522 Nr MADIS ON  532 CT ME 48708  5. If over \$100.00 cumulative, please provide:  | s 25 s Click Here for Memo Itemization  |
| Occupation CPA Employer Self  Business Address  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |   |
| 3. Contribution #2 Name & Address  DAR leve KRUMPHOLZ  1204 STH ST,  BAY CITY MT. 48708   | \$_2 <u>5</u> _\$   |
| 13 A7 C1/7 MIT. 40/00   |   |
| 5. If over \$100.00 cumulative, please provide:   | Click Here for Memo Itemization   |
| OccupationEmployer  |   |
| Business Address  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |   |
| 3. Contribution #3 Name & Address:  VAUS LIBESICK  5353 LORAINE CT  WES 4. Date of Receipt  10/12/10  VAUS LIBESICK  5353 LORAINE CT  48706  5. If over \$100.00 cumulative, please provide:  | \$ / 0 0 \$Click Here for Memo Itemization  |
| Occupation Employer   |   |
| Business Address  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |   |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10/12/10   |   |
| Alvin Ortner 11405 King RD. Eranken muth U 48734 5. If over \$100.00 cumulative, please provide:  | \$ 50 \$ Click Here for Memo Itemization  |
| Occupation KCW VII Employer   |   |
| Business Address  |   |
| Type of Contribution: Direct Loan from a person Fund Raiser   |   |
| Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Pageof  | Enter this total on line 3a of Summary Page.  |



# ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

| 1. Committee I.D. Nun | nber | 15c | 1579  |     |            |
|-----------------------|------|-----|-------|-----|------------|
| 2 Committee Name      | Jue  | 6.  | DAUGS | For | COMM TENNE |

| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. | 6. Amount   | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt)   |
|--|---|--|
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt (0//2//15)  Name & Address:  WARK JANCY  1701 WISHON H.  5. If over \$100.00 cumulative, please provide:  Occupation A Way Employer  | \$ 50 50<br>Click Here f  | \$or Memo Itemization  |
| Business Address  Type of Contribution: Correct Loan from a person Fund Raiser   |   |  |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 0/2//0 Name & Address  241 Date of Receipt 0/2//0  5. If over \$100.00 cumulative, please provide:  Occupation My Employer  Business Address 24/ Danshu Beh Ray Coll MT 4970  |   | ss<br>or Memo Itemization  |
| Type of Contribution: Loan from a person Fund Raiser   | Marie Carlo | -  |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt / D/D/D/D/D/D/D/D/D/D/D/D/D/D/D/D/D/D/  | \$ <u>\$000</u><br>Click Here fo<br>DC,   | - \$<br>r Memo Itemization   |
| 3. Contribution #4 PAC Receipt? YES 4. Date of Receipt () (1)  | ii) maa aa laa ka k  | and the state of t |
| Name & Address Roy A. Schairer<br>106 Parkwood Ct.<br>Pay City U1 48708  | \$ 58 50  | \$   |
| 5. If over \$100,00 cumulative, please provide:  | Click Here fo   | г Memo Itemization   |
| Occupation Kttred Employer   |   |  |
| Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  Page Subtotal   | H-55/)-   |  |
| Grand Total of All Schedules 1A (Complete on last page of Schedule)  Pageof  | Enter this total on line 3a of Summary Page.  |  |



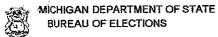
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\_of\_

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

Page.

| CANDIDATE C  | OMMITTEE                                   | 2. Co          | mmittee Name                                 | JOP F. Dan   | is for Commiss   |
|--|--|----------------|--|--|--|
| Enter contributor's name and address. If comiddle initial. Check box to indicate if contributions in Committee (PAC) Report all contributions in   | ibution is from a Politica                 | · .            |  | 6. Amount  | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 1 PAC Receipt?  Name & Address:  Mt - Jame  900. W.H  Bac City   | TYES 4. Date  Y Divaryam  MU UST           | of Receipt /   | 112/10                                       | <u> 500</u>  | \$   |
| 5. If over \$100.00 cumulative, please prov  | vide:                                      |                |  | / OB-1-11 6-   |  |
| Occupation RN  | _ Employer_ <i>BM</i>                      | Kayonal        | Medical La                                   | VG Click Here to   | r Memo Itemization   |
| Business Address   | <del></del>                                |                |  |  |  |
| Type of Contribution: X Direct   | Loan from a person                         | Fund           | Raiser                                       |  |  |
| 3. Contribution #2 PAC Receipt? [ Name & Address Tevrorce  1. Felly 104 Bay 2 Qity   | ]YES 4. Date<br>hove Or<br>M 4810(         | of Receipt     | 12/10  | \$/00-   | \$   |
| 5. If over \$100.00 cumulative, please prov  | ride: // , ,                               |                | -  | Click Here for   | Memo Itemization   |
| Occupation   | Employer                                   | 140            |  |  |  |
| Business Address   |  |                |  |  |  |
| Type of Contribution: Direct   | Loan from a person                         | Fund           | I Raiser                                     |  |  |
| 3. Contribution #3 PAC Receipt? Name & Address: Pobert Paragraph P | conk.<br>Herot. S                          | te.208         | 110  | \$ 0500<br>Click Here for  | \$<br>Memo Itemization   |
| Business Address   |  |                |  |  |  |
| Type of Contribution:  | Loan from a person                         | Fund           | d Raiser                                     | and the second s |  |
| 4464 N.P.  | UYES 4. Date<br>avd<br>ark Dr.<br>MI 48106 | of Receipt 10  | 1/12/10                                      | \$100 <u></u>  | \$   |
| 5. If over \$100.00 cumulative, please prov  | , 0  |                | <u> </u>                                     | Clinic Linux for   | ***  |
| Occupation Shine RER  Business Address  Type of Contribution: X Direct   | Employer Loan from a person                | Sumers<br>Fund | Pagy Raiser                                  | CHCK FIELE IOI   | Memo Itemization   |
| r <sup>A</sup> Z   |  |                | Page Subtotal                                | # みたー  |  |
|  |  |                | of All Schedules 1A<br>ast page of Schedule) | Enter this total on line 3a of Summary   |  |



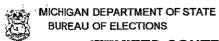
## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

#### CANDIDATE COMMITTEE

1. Committee I.D. Number 150579

2. Committee Name JUCF. Davis for Commy Omumissia

| ONITALE COMMITTEE  |   |
|--|---|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.   | 6. Amount 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 0/2// Name & Address:  Michael C. Wooley  S. If over \$100.00 cumulative, please provide:  Occupation Diege Employer Second Contribution:  Type of Contribution:  Direct Loan from a person Fund Raiser  | s 35.0 sClick Here for Memo Itemization   |
| 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-12-10  Name & Address  HATHON LANCE  306 5 JOHNSON  5. If over \$100.00 cumulative, please provide: BAY CITY, MI 4806  Occupation Superiser Employer MPA Group NFP  Business Address 1217 5 Function By Cy 48706  Type of Contribution: X irect Loan from a person R Fund Raiser | \$ 25\$Click Here for Memo Itemization  |
| 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt  Name & Address:  FARL BOTA  HOYA COM  BAY CTM, MT YEOG  5. If over \$100,00 cumulative, please provide:  Occupation THE PLOSTONE Employer EXECUTIVE MTG  Business Address W MDW 57 BY CM YEOG  Type of Contribution: X Jirect Loan from a person Fund Raiser                       | \$ 25. \$ S Click Here for Memo Itemization   |
| 3. Contribution # 4 Name & Address  PAC Receipt? YES 4. Date of Receipt 10/2/10  Anne & Address  Solution Anne S CH.  Bac CHy 3 M 48750  Occupation Employer  Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  | \$ 50.00 \$ Click Here for Memo Itemization   |
| Page Subtotal  Grand Total of All Schedules 1A (Complete on last page of Schedule)  Page of  | Enter this total on line 3a of Summary Page.  |



#### **ITEMIZED CONTRIBUTIONS** SCHEDULE 1A

1. Committee I.D. Number 150579

3. Committee Name JOC F. Davis For County Commissione

| CANDIDA LE COMMITTEE 2. Committee Name   | oc i Dav   | 3 TOV Commi  |
|--|--|--|
| Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.   | 6. Amount  | 7. Cumulative for<br>Election Cycle for Each<br>Contributor (Through<br>date of receipt) |
| 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10/12/10 Name & Address: TVan Miller 1251 W. Hanpton Rd. 2555. W 46727   | s 100  | \$   |
| 5. If over \$100.00 cumulative, please provide:  Occupation MY+, BYK, Employer Executive Wort.   | Click Here fo  | or Memo Itemization  |
| Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  |  |  |
| 3. Contribution #2  PAC Receipt? YES  4. Date of Receipt  O(1)  Name & Address  DAVE DITHENDEY  12813 HOTCHISS  PAC Receipt? YES  4. Date of Receipt  O(1)  O(1)  The Development of the |  | r Memo Itemization   |
| Type of Contribution:  | de fan de ste een stêde ûn tie een ste een ste een geween een feldstegenien. | Mary S.  |
| 12813 Hatchkiss Rd.<br>Freetand > M1 48623   | \$ <u>20,00</u>  | \$   |
| 5. If over \$100.00 cumulative, please provide:  Occupation  | Click Here for   | Memo Itemization   |
| 3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt / 0 / 2 / 1 0  |  |  |
| 5. If over \$100.00 cumulative, please provide:  | £ 25,00  | \$   |
| Occupation Employer  | Click Here for   | Memo Itemization   |
| Business Address  Type of Contribution: Direct Loan from a person Fund Raiser  |  |  |
| Page Subtotal  Grand Total of All Schedules 1A   | 275 -  |  |
| (Complete on last page of Schedule)  Page of   | Enter this total on line 3a of Summary Page.                                 | j  |

#### **FUND RAISER SCHEDULE 1F**

| CANDIDATE CO  | MMITTEE 2. Com   | nmittee Name                                   | avis for County Comin  |  |  |  |
|---|--|--|--|--|--|--|
| - USE A SEPARATE SHEET FOR EACH EVENT -   |  |  |  |  |  |  |
| 3. Date Event Was Held  | 4. Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity  MeeT & GreeT | 6. Address and Name (If any) of the place where the activity was held.  King Fish Nester  O 19 N. Water  Private Residence |  |  |  |
| 7. Total Contributions<br>8. Other Receipts   | 1,42   | <u>s</u>                                       | Oct 21  BAY CO   |  |  |  |
| 9. Gross Receipts (Add lines 7 a<br>10. Total Cost of Event<br>(Total Cost includes In-Kind Co  | ntributions and All Expenditures   | Made For the Event)                            | 2 17 PM 1  |  |  |  |
| 11. Check if event was a joint of the control of | int fund raiser and complete the<br>Contribution S<br>(%)                  | -  | Expenditure Split (%)  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   | ***************************************                                    |  |  |  |  |  |
|   |  |  |  |  |  |  |

1. Committee I.D. Number

150579

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.